Emergency Care Sheet

Fill it in once. Keep it on the fridge.

CARENEST

Care, organized.

ABOUT YOUR LOVED ONE

Full name

Date of birth

Blood type

Home address

Phone

IN AN EMERGENCY, CALL

Contact 1 — name

Relationship

Phone

Contact 2 — name

Relationship

Phone

DOCTORS & PHARMACY

Primary doctor

Phone

Pharmacy

Phone

Preferred hospital

Phone

ALLERGIES & CONDITIONS

Allergies (medicines, foods, other)

Medical conditions

INSURANCE & IMPORTANT PAPERS

Insurance provider

Policy / Medicare number

Advance directive / DNR is kept

Power of attorney — name & phone

Medication List & Doctor Visits

Take it to every appointment. Update it when anything changes.

CARENEST

Care, organized.

CURRENT MEDICATIONS

Medication	Dose	When taken	What it's for	Started

QUESTIONS TO ASK AT THE NEXT APPOINTMENT

1. _____
2. _____
3. _____
4. _____

TELL THE DOCTOR IF ANY OF THESE CHANGED

- ☐ A fall or near-fall
- ☐ New confusion or memory change
- ☐ Appetite or weight change
- ☐ Swelling, pain or new bruising
- ☐ Doses missed or doubled up
- ☐ Sleep much better or worse
- ☐ New medicine from another doctor
- ☐ Trouble affording any medicine